

Foster Family Home - Corrective Action Report

Provider ID: 1-516221

Home Name: Mila Burcena, CNA

Review ID: 1-516221-8

94-1120 Kahuamo Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 6/9/2021

Foster Family Home

Required Certificate


[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Annual unannounced inspection for a 3 person CCFFH. All requirements were met at the time of inspection.


Compliance Manager


Primary Care Giver


Date


Date